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WE note with pleasure the first addition to the library, as a result of the reawakened interest in that undertaking. Appreciating the efforts of the students, as well as their need of books of reference, Professor Dowling has generously contributed to the library an excellent Encyclopedia of Surgery in six volumes. These volumes, coming from Professor Dowling, will speak much louder than words of the hearty interest which he takes in what pertains to the welfare and best interests of the students. We thoroughly appreciate the kindness which prompted the gift, and hope that others will not be slow to follow his example.

AT the present time education is in more or less of a transition stage. Many of the old ideas and methods have been abandoned, and many more must sooner or later follow. The tendency is eminently towards the practical, and though many of the theories advanced are highly impracticable, yet they all tend toward

the great end which educators are attempting to attain. While the problem has thus far had to deal more especially with the ordinary, in distinction from the professional education of the individual, nevertheless his professional education has been one of the objects constantly in view. This problem is one which should thoroughly interest the professors in our medical colleges. They should consider thoroughly, first, the object to be attained, and secondly the best methods to be pursued in its attainment; and in our estimation the practical part of medicine is first in importance. It is impossible for a man even in a life-time to grasp the whole of medical science, and how small a part can the student obtain in the three short years of his course! It is the duty of the teacher, therefore, to sift out the wheat from the chaff, the thoroughly practical from the theoretical and the uncertain, and give to the student the kernel with as little as possible of the chaff. To be able to do this the teacher must be a man of maturity and experience, one who has been in the field and knows well what is required. To do it well he must also know the best and proper methods of presenting his subject, in other words, he must be a *teacher* and not simply a ready speaker. Until our medical colleges are made to understand this, and that the reputation of a college depends not so much upon the number of its students and the extensive list of names on its faculty, but upon the value of the work done and the ability of its graduates—then, and not till then, will the standard of medical education be raised, and the too common statement that the medical education of our young graduates is insufficient to enable them to cope successfully with the problems which they so frequently meet will be heard no more. Let the members of the faculties of our colleges be men of broad and practical minds, men of experience, whose names will add lustre to that of the college; let

them give to the student that which will be of most service to him when he is placed on his own responsibility by the bedside of the sick, instead of burdening his mind with a lot of material of no practical value whatever; let the student see as well as hear how things are done, and when he leaves the college halls to enter upon the trials of professional life, he can point with pride to his alma mater, whom he never forgets, and say, "There I obtained my education which enables me to meet so easily and so successfully the problems of my professional career."

WE regret that so few of our alumni take an active interest in THE CHIRONIAN by sending contributions to its columns. There are cases of interest constantly arising, a report of which might be of value to our readers, and would at the same time take a little of the burden from the shoulders of the editors, who have this work to do in addition to the regular work of their college course. There is also much that the students are able to do to lighten our work. There are interesting clinics which might well be written up, and which would make our columns more interesting. At the same time the student will derive great benefit from the mere fact of having written the report. He gets accustomed to writing and expressing himself properly, and at the same time cultivates the ability of properly reporting cases, an ability which is not to be despised.

Pædological Materia Medica.

A SERIES OF LETTERS BY PROF. M. DESCHERE.

IV.

DEAR FRIEND—You are right, *Belladonna* is one of our much abused remedies. In every household which has been in "homœopathic training," we find a little box containing at least twelve bottles, nine of which are generally well filled; the corks are hardly touched; but the other three are always in use and these are *Aconite*, *Belladonna* and *Nux Vomica*. They are the three martyrs of homœopathy, for whenever the baby has eaten too much and spoiled

its stomach and lost its appetite, or whenever the head of the family feels "bilious," or whenever a friend or neighbor is constipated, *Nux* has to suffer, but you know how wrong it is to administer a drug on such vague indications, and how rarely it helps. If it does not, people think the preparation is not strong enough, and they must have it "*strong*," tincture, of course, and consequently you find these household boxes generally equipped with tinctures and low triturations. These, at least, do something, and if they make the patient feel sicker than he has been before, the doctor is sent for, and in this way, I think, the domestic medicine chests have done good service to homœopathy.

With *Belladonna* the experience is different; the laity do n't really know what to do with this substance; but, looking into the book that they happen to consult, they frequently find for colds, coughs, headaches, colic, sore throat, etc., the direction to give *Aconite* and *Belladonna* in alternation, and sometimes even the family physician tells them to do so. You know better; you would not give such advice to your patients; you know that in using two remedies at a time, alternating every hour or half hour, a practical result may sometimes be obtained; but what an unsatisfactory one. Such practice will lead to the grossest empiricism, for you would never try to get a clear indication for any single remedy, and if you were justified in alternating two remedies, why not three or four? and I assure you that I have seen this actually done by physicians calling themselves homœopaths, and who fell into this practice simply and solely on account of their utter ignorance of *Materia Medica*, as well as of the fundamental laws of our school. Such polypharmacy is the very antagonism to Hahnemann's teachings, which are, first of all: *the* similar remedy, *i.e.*, but *one*. Study the Organon, paragraph after paragraph, and show me one single item where Hahnemann speaks of alternating drugs in the above sense; read through all his writings and you will always find him advocating in the strongest terms the administration of *the single remedy only*. True, in an instance regarding *Bryonia*, he says that this

may sometimes be used in alternation with *Rhus tox.*, but he clearly explains how, thus: giving *Bryonia*, the condition of the patient, for instance in typhoid fever, may have changed *after a day or two*, so that it is not indicated any more, but *Rhus tox.* symptoms clearly present themselves, which again give way to *Bryonia* *the following day*. But this alternation is certainly based upon the law of similars, and each drug is administered according to the symptoms presenting, and it is thus purely scientific, and will occur to you sometimes in practice. This is a clear demonstration against the inexcusable abuse of the name homœopathy when empirically alternating remedies by the hour.

Pardon the digression from our subject.

Belladonna is a panacea when treating sick children; it will be a true friend in some of the most critical phases of acute disease, as well as in obstinate, prolonged conditions in chronic ailments. Speaking of acute diseases, I do not only refer to inflammations with cerebral complications of serious consequences. It will be of use in affections of almost every organ in the body, and that is the reason why we can make such frequent use of it in acute conditions. *Hartmann* calls it, after *Aconite*, *Chamomilla* and *Ipecacuanha*, "the fourth hero in diseases of children." The very quick irritability of the infantile nervous system in its state of development, liberating convulsions by reflex action from inflammatory irritation, give it a place in the beginning of pneumonia, enteritis, scarlatina, variola, measles, etc. But we need not go so far; it is by no means necessary to wait for such grave symptoms for the application of our drug, for we have occasion to use it daily.

In a general way, the *pains* of *Belladonna* are of a sharp, *sticking* character, or burning, and with an aching soreness and swelling of the affected part. They come on suddenly, ceasing as suddenly after a shorter or longer duration.

We always find an extraordinary *hyperæsthesia*, especially of vision, hearing and smell; also of the skin; therefore you will always think of *Belladonna* in cases where excessive *photophobia* is a prominent symptom. The same is true where the *least noise*, even whispering or the

lightest footsteps are badly borne; the patient even awakes from fancied noises; where *moderate odors*, especially of tobacco and soot, are unbearable; and the patient has great fear of fresh air and draughts. These conditions are so characteristic that they alone will decide the selection of a remedy if two or three compete.

A child rarely complains of *headache*, as the adult would do, with many slight affections; we must, therefore, consider this symptom carefully, especially when in connection with increased temperature and pulse; it will then rarely stand alone, but we will find, perhaps, gastric symptoms accompanying, which, if forcible vomiting ensues and a drowsy state follows this headache or accompanies it, will put us on our guard as to a *cerebral affection*. And then, if on closer examination we find, as is frequently the case, the *eyes red, glistening*, with *enlarged pupils*, an *anxious, wild expression* and *occasional twitching of single groups of muscles*, a prompt administration of *Belladonna* may frequently cut short, or at least break the sharp point of, a grave cerebral inflammation. These symptoms you will sometimes find during teething, by reflex action upon the brain, and also at the beginning of an eruptive fever, where no affection of the brain or meninges is actually present. But also here *Belladonna* will so stimulate the reactive powers of the organism that the alarming symptoms cease and a full development quickly follows.

A place where *Belladonna* is very much at home is the throat. We find the tonsils, soft palate, pharynx and tongue, red, swollen, dry and excessively painful even when swallowing the smallest portion of liquid; here, if the patient is old enough, he will complain of those sticking pains, of which I spoke as being characteristic of the drug, and a choking sensation on swallowing, the right side being the one most affected. These symptoms will be indicative for the administration of *Belladonna* in *tonsillitis*, *quinsy*, as well as *diphtheria*.

The *cough symptoms* of *Belladonna* are very characteristic in children; the cough is always *worse at night*, *waking the child from sleep* and inducing crying immediately before the cough

comes on, but more so after the cough, while the *face becomes red during the paroxysm*; the cough is almost always *dry*, frequently spasmodic; if expectoration is present, this occurs especially about noon. Having these symptoms clear in your mind and following them, you will make friends readily when prescribing it in *whooping-cough, laryngitis*, acute as well as chronic, *bronchitis, pneumonia, pleurisy*. I remember such a typical case of *chronic pneumonia* or, as some call it, *fibrous phthisis* cured readily by *Belladonna*⁹⁰.

Another great range for the administration of our drug is found in *abdominal affections*, especially in *typhlitis* and *peritonitis*, when you find great congestion of blood towards the head, combined with that excessively hyperæsthetic tenderness of the affected parts, which is aggravated by the least jar of the bed or touch. These conditions occurring more frequently in children old enough to describe their ailments, the pains are said to be of a *burning character*.

Also in *dysentery* with the above symptoms and additional *constant pressure to stool with tenesmus during the passages*, which are greenish, slimy, bloody and scanty, the *child crying during the evacuation*.

The great praises of our "friends" of the old school regarding *Belladonna* for the cure of *enuresis* is undoubtedly based upon its homœopathicity to the condition, while they lack the proper indications, and naturally announce their well-known therapeutic failures. We know how to draw the line closely by prescribing it only in children who *wet the bed during a restless sleep*, frequently starting, and during the day having *frequent desire to urinate small quantities*. The urine in these cases is bright yellow and clear, often quite pale, becoming turbid on standing, while during inflammatory affections the urine is blood-red. The opposite condition as well—*i. e., retention of urine*—especially in infants, will be readily cured by *Belladonna* as long as the general symptoms correspond.

Speaking of infants, I must not forget to remind you of *asphyxia neonatorum*, where the *face is red* and the *eyeballs congested*, and where a few pellets of the 30th pressed between the lips of

the patient will readily assist you in restoring life.

I do not want to encroach upon your valuable time any longer, and shall only draw your attention to the *spasmodic affections*, as, for instance, *chorea, epilepsy* (which is not as rare in childhood as is sometimes stated), *trismus*, etc., as also to *diseases of the eye and ear*. In conclusion let me advise you to think twice before administering *Belladonna* in *scarlet fever*, with which it has been identified by the founder of homœopathy, and in consequence of this has been grossly abused by many of his thoughtless followers in direct opposition to the spirit of that very man's teachings. He found it to be the similimum for the form of scarlatina appearing at his time, the so-called *Sydenham* type, with its smooth and glossy eruption, and where he also strongly advised the same remedy as a prophylactic. But the *Sydenham scarlatina* is a rare exception at the present day and, therefore, *Belladonna*, if indicated, is so only by the accompanying symptoms. Yours truly, M. D.

Cocaine in Cataract Extraction.

IN the *Journal of the American Medical Association* (August 21, 1886), Dr. George E. Frothingham publishes some cases illustrating the safety of cocaine as an anæsthetic in cataract extraction, and summarizes his conclusions as follows:

1. Cocaine relieves the operator from the embarrassments during the operation for cataract that arise from vomiting; also from the agitation of his patient which results from excessive bronchial secretion or stertorous breathing. These are often very troublesome when ether or chloroform is used.

2. The danger to the result which often arises from nausea and vomiting after the extraction, when other anæsthetics are employed, are surely avoided when cocaine is selected as the anæsthetic agent and is properly used.

3. The danger arising from the depressing effect of cocaine upon the nutrition of the cornea is no greater than in cases where ether or chloroform is used. The depression of the circulation, which often arises from either of

them, may affect very injuriously the corneal nutrition.

4. The disturbance of the circulation of the interior of the eye, and consequent danger of panophthalmitis from this cause, is probably less in using cocaine for this operation than in resorting to general anæsthesia.

5. The danger of sepsis and consequent panophthalmitis from the use of cocaine may be avoided by using only fresh solutions.—*Therapeutic Gazette.*

Reduction of Strangulated Hernia.

DR. GEORGE R. FELLOWS, Maine, writes to the *Medical Record*:

"About two years ago was called to see a case of strangulated hernia of two days' duration. Two physicians were called but were unable to reduce the hernia by ordinary means. The patient was suffering terribly, but was unwilling or unable to take opiates of any kind. Thinking to relieve the pain, I sprayed the hernia with ether, using a common hand atomizer, and was greatly surprised to find the hernia disappearing spontaneously.

"Since that time I have used ether spray in strangulated hernia in several cases, always with the best results, the operation being painless and reduction occurring spontaneously or with slight pressure."

If an ice bag is a proper application to contract the protruded viscera, why not the ether spray?

Professor Helmuth's Clinic.

CASE I.—The first case that came before the clinic was Mrs. H—, aged fifty-one years. Had had pain in breast for last eight years, which her physician called neuralgia, and for which he had given her liniment which did no good. First noticed a small swelling in breast. While nursing first baby had sore nipples, which healed up. Since then has taken considerable medicine to purify her blood. Now has neuralgic pains in head that extend into eyes and down over back of head on to shoulders. On examination nipple found retracted.

Professor Helmuth then said the mammae are very frequently affected with tumors both of the homologous and of the heterologous varieties; the fibrous being the most frequent of the homologous variety and the scirrhus of the heterologous. The next in frequency of the homologous are the adenoma, and of the heterologous the encephaloid, and next the epithelioma, fatty tumors being the least frequent of all. As a rule encapsulated tumors are innocent, and when not encapsulated they are malignant. Infiltration is a mark of a cancerous tendency in a tumor. Infiltrated tissue is hard; the hardness being gradually lost in the surrounding tissue. Innocent growths are circumscribed.

This patient's growth was diagnosed as a small adenomatous tumor, and the treatment advised was, first, suspension to relieve the dragging; second, for the removal of the tumor, Baryta carb. 3x, five grs. three times a day; third, for her neuralgia Colocynth 3x, in water.

CASE II.—Mrs. D., aged 25 years, presented herself with some disease of her jaw-bone. First noticed a white spot on gum of eye-tooth of left side. This was poulticed, and after it had broken five pieces of bone were removed. The disease was diagnosed as acute necrosis of nasal process of the superior maxillary and also of its alveolar process on the left side. Process of necrosis is now spreading and face is beginning to swell. The treatment advised was to remove any portions of bone that were loose, but if the pieces were adherent to wait for the line of separation; to syringe cavity with a solution of tincture of calendula and water, one to four, and to give internally hecla lava (which has a special action on the jaw-bone), 2x, five grs. three times a day. Continue treatment for six weeks.

CASE III.—Thomas R. Last Saturday night he got in a fight, in which he received a tooth wound in the hand. Here Prof. Helmuth spoke of the dangerous character of these wounds, saying that they were always followed by serious symptoms, no matter what treatment was used. On the Sunday following his hand began to swell

and get painful. Red lines are now visible on his arm, showing course of inflamed lymphatics, complains of severe backache; pulse 140, temperature 104. Diagnosis septicæmia; treatment, Sulpho-carbolate of soda, 30 grs. in half a glass of water, a tablespoonful every three hours; apply a poultice of ground flax-seed to the hand.

CASE IV.—Eliza P. Scalded hand and arm with hot-water. Treatment: Apply mineral earth three times a day. Return in three weeks. In stage of vesication, wash burn with a solution of tincture of cantharides and water.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

FIRST DAY—EVENING SESSION.

REPORTED BY WILLIAM OSBURY, M.D.

DR. EDWARD GUFFIETYKE, of Boston, read an instructive paper on a New and Rational Method of Treating Diarrhœa and Dysentery by Plaster of Paris. He introduced the subject by saying that while there may be nothing new under the sun, in a certain sense, yet there were continually new combinations of old things which made novelty and progress possible. For example, diarrhœa was not new, neither was plaster of Paris; yet he modestly ventured to say that he was the first person to use the latter in the cure of the former. Therefore he thought his method might properly be considered a new thing under the sun.

The treatment he was about to describe he would not recommend for every case of disease where there were abnormal discharges from the bowels. He had employed it in fourteen cases where ordinary treatment seemed to have no beneficial effect. The results were most gratifying both to himself and to his patients, and therefore he had determined to relate the facts to the Society.

He wished to say, further, that all these cases were adults. He did not know from experience how children would bear the treatment. But

on rational grounds he was satisfied that even the youngest infant, if the case was properly selected, would derive benefit from it.

His proceeding was so obviously in accordance with reason that he had wondered why it had not been suggested to the ingenuity of some member of the profession long ago. As soon as it was generally adopted he had no doubt it would work a complete revolution in the treatment of diarrhœa and kindred disorders.

The Doctor then described his plan minutely. For an adult, from about a pound to a pound and a half of plaster of Paris would be necessary. In addition, a large basin, about a pint of warm water, fifteen grains of the Sulphate of Morphia and a common tablespoon were required. Besides the operator there should be four assistants, each having a Simms speculum.

The patient is to be placed in the knee-chest position, and two assistants should take their stand on each side of him. The specula, after being carefully oiled, are inserted, and the assistants should be ready to overcome the resistance of the sphincter by traction in different directions as soon as the operator was ready to pack the plaster into the bowel, but not a moment before. He wished particularly to emphasize this point, as experience had shown him the importance of it. In one of his earliest cases the assistants had begun traction while his attention was taken up with the preparations, and some time before he was ready. The consequence was that the patient became fidgety and finally, losing entire control of his temper, began without a word of warning to kick viciously. Dr. Guffietyke had received one of these kicks in his abdomen, and the table at which he was working was overturned by another. It was well, therefore, to bear this matter in mind. It was the Doctor's opinion that some patients were much more susceptible to annoyance from dilatation of the sphincter than others, not so much from pain or physical discomfort, but chiefly on æsthetic grounds.

Everything being so far ready, the Morphia is to be dissolved in the warm water, and the plaster thrown into the basin. The Morphia solution is then poured carefully upon the

plaster, which must be stirred with the table-spoon rapidly until a proper consistency is reached. The assistants are then called upon to hold back the sphincter firmly, and the plaster is packed without loss of time into the bowel in sufficient quantity to prevent any fluids from escaping when it shall have set.

This completes the operation, but the patient should retain his position for about five minutes, that the plaster may set properly. He should then be assisted into the recumbent attitude. With ordinary dexterity it is not necessary to keep the patient on his knees for more than ten minutes all told.

The reason for putting the Morphia into the water was to allay pain which was apt to be caused by the pressure of the hard plaster against the mucous membrane. And it was perfectly safe to use several grains, as very little of it could possibly be absorbed—only so much, in fact, as should be on the plaster when it came in contact with the membrane.

This plug—for a plug it undoubtedly was—should not be disturbed for seven days, during which the patient should be seen every day and kept under the influence of Morphia by frequent hypodermic injections. The efforts of the lower bowel to dislodge the plaster caused much pain in all cases, but he had not known a single instance where those efforts had been successful.

At the end of seven days the plaster should be removed. The doctor exhibited an ingenious pair of shears, of his own designing, for breaking up the plug, which was to be removed piecemeal by forceps. It was impossible to remove the plaster entire, and his patients were all placed under an anæsthetic before using the shears.

Not one of his patients treated in this way died. One or two had had ulceration of the rectum since, and were yet under his care. They were doing well. In some other cases the temperature had run quite high during the seven days, but by the exhibition of the ordinary remedies it had been easily brought down.

Dr. Samuel Pikerly said the plan recommended by Dr. Guffietyke was startling in its ingenuity and novelty. It was worthy the attention of the

profession, and if it should be shown by experience that it was perfectly safe, it would be a boon to humanity and an addition to the means at our disposal in these troublesome cases which every physician would hail with satisfaction. He thanked the doctor for his paper.

Dr. Alva K. Buster thought the plan good so far as theory went, and was pleased to hear that in the cases under Dr. Guffietyke's care there had been no fatal termination, but for his part there seemed to be more than one danger lurking about the treatment. He was ready to own that he could conceive of no more effectual way to prevent discharges than the one advocated in the paper under discussion, but at least in careless hands there must be more or less danger of inflammatory action being set up in more organs than one. While he was up he would mention that some years ago he had brought before the profession a simple method of treating similar complaints. It consisted merely in suspending the patient by his heels, when gravitation came to his relief. He had since modified his plan somewhat by devising a comfortable frame, which could be placed in bed under the coverings. The patient was pulled up to the frame by broad bands attached to his heels, and elevated until only his shoulders and his head rested on a large pillow. This position was not altogether comfortable, but was surely not so full of discomfort as the method of Dr. Guffietyke, nor was there any danger connected with it. He was prepared to speak well of his results in the matter of relief and cure.

After further discussion the Society adjourned till the following morning.

The report will be continued.

DR. C. E. FISHER has reported to the *Southern Journal of Homœopathy* three cases of *indolent ulcers* treated and cured with surprising rapidity by the use of the faradic current of electricity. He applies the negative pole to the sore, the positive up and down the leg.

The power of the faradic current to increase the blood supply and to stimulate local nutrition and function would seem to indicate its use in such outbreaks of depraved nutrition.

A Case of Melancholia.

BY SELDEN H. TALCOTT, M.D.

CASE No. 1,278.—Male, aged 64; civil condition, married; number of children, one; occupation, farmer; education, common school, and Presbyterian in his religious proclivities.

This was a case of acute melancholia, and it was the first attack. Duration of attack previous to admission, two weeks. Cause of insanity, loss of property.

This patient had entrusted considerable sums of money to Judge T—, of Newburgh. As you will remember, the Judge died insolvent, and many unfortunate creditors suffered severe losses. Our patient began suddenly to be depressed and refused to eat. He thought that his farm stock would starve; he did not dare to go to the barn for fear that he would kill himself. Said that he would kill his wife and daughter; he could not sleep at night, and he worried constantly. One of the medical certificates on which he was committed stated: "He is suffering from symptoms of melancholia, with a suicidal tendency. He imagines that his wife and daughter are starving and that he cannot get food for them; that his property is all gone, whereas he has yet a competency. Moreover, he has attempted suicide and says he wants to die, for which wish he can give no good cause."

On the day following his admission to the asylum his pulse was 96, skin hot and dry, and the muscular system greatly agitated. Mentally he is anxious, fearful of death, restless and uncertain; he does not know what to do or what he wants. The patient received, on account of his intense restlessness and anxiety, and fears concerning death, aconite 3d every two hours.

During the day the patient became suddenly intensely excited and commenced scratching himself so severely as to tear and mutilate the skin. At the same time he talked very irrationally. His arms were placed in canvas sleeves and he was put to bed, where he soon became quiet and talked more sensibly.

On the 18th his pulse was 84, he had slept five hours during the previous night and was

talking well in the morning. Was kept quietly in bed and made to take an abundance of liquid nourishment. On the 19th his pulse was 90, he talked better, complained of no pain, but at times seemed temporarily confused in mind. On April 19th, fretful during the day, but in the evening the patient became excited, would not speak, threw his arms and legs about in a violent manner, kept his teeth constantly chattering, and he breathed hard and hurriedly, like a tired and worried dog. He was given Rhus tox. 1st every two hours.

20th, Pulse 96; did not sleep much the night before, but was quiet after eleven o'clock; his breathing became easy and his arms and legs were once more under control. 21st, Slept well last night and is talking rationally this morning. Pulse 84. 23d, Pulse 84. Mind appears growing stronger; talking well and realizing his position better than heretofore. 26th, Pulse 78. Is improving daily, but is still kept in bed. 28th, Pulse 84. Is talking well, is up and dressed and walking in the ward. May 2d, Pulse 84. Is depressed and inclined to be apprehensive. Sleeps and eats well. Patient has a cold; tongue thick, flabby and yellow coated; teeth feel too loose. Was given Mercurius vivus third trituration. May 14th, Right ear appears inflamed; has the appearance of having been stung by some insect. 15th, The left ear is now swollen the same as the right ear was. The right ear has resumed the normal appearance under Apis 30th.

June 3d, Patient is doing well, is pleasant and talks sensibly. In mind he is strong and steady and in body is in better condition than before his illness. He is able to realize the severity of the sickness from which he has suffered.

On the 26th of June, a little more than two months from the date of his admission, No. 1,278 was discharged recovered.

Here you have a case of acute melancholia in a man past the prime of life, who had, before this attack of insanity, enjoyed fair health, and who, upon the loss of a portion of his property, suddenly became depressed and passed into a state of melancholia, where he was sleepless, full of delusions, homicidal and suicidal. His

age and the severity of the attack would militate somewhat against his recovery. Prompt admission to an asylum, careful protection from injury, compulsory treatment in bed, and abundance of liquid nourishment, and the carefully selected homœopathic remedy were the means used to promote and effect a happy recovery.

Song.

DEDICATED TO CLASS OF '88.

BY A TRAMP.

SPARKLING and bright,
In its liquid light,
Is aphasia in our glasses;
While we drink to the strains
Of softening brains,
And schlerosis, as it passes.

CHORUS.—Then drink to-night
With a heart as light
As the heart of an epileptic;
While our blood still flows
In a purple ooze
Of "pizen" truly septic.

Fill high the glass,
Till all shall pass
By swift and easy stages
To the madman's grave
In the bloody wave
Of meningeal hemorrhages.—CHORUS.

(FOR THE CHIRONIAN.)

An Incident in Homœopathic Practice.

THE following, a somewhat peculiar case, is presented to add a share of testimony in favor of the efficacy of China in conditions suited to that drug. Whilst probably little doubt exists as to the efficacy of this or, in fact, any other drug where administered homœopathically and upon properly selected symptoms, in the minds of our readers, yet the remarkable promptness of action in this case seems worthy of special mention, and is rendered even more so by the fact that the patient had been treated for a number of years by an old-school practitioner, and one, too, who still holds to the use of heavy doses of quinine, morphia, purgatives, etc. I saw the patient—a girl of eleven years—a number of times during last summer, and her condi-

tion aroused my sympathy, so much so that I advised the mother to send the little one to the country and to stop medication; this she said she was unable to do at the time, and furthermore had tried the country and everything else for her without benefit; in fact, she was almost inclined to resign the child to her fate after five years of nursing and care, which had produced not the slightest change in the case, except for the worse, as the patient now never ceased to complain. Answering a question which I had put merely for information, as I had no idea whatever of taking the case, the mother said: "Oh, yes, indeed, every kind of medicine has been tried. Why, the attic and cellar are just standing full of bottles! Oh, no, medicine won't have any effect on her, she has had barrels of it!" This, I judge, she said to quell any desire on my part to continue that system of treatment, but on that score she had no ground for fear; had she known at the time that I was a homœopath I imagine her fears would have been reversed. Before leaving her I remarked that the case, in my opinion, was not at all hopeless, and that with proper treatment the child would rally. About a week later the lady called on me again, and requested me to take charge of the case, because, as she explained it, both she and her husband wanted everything tried, *even homœopathy*, but said they would not pay anything just then, nor make any promises. "To be plain," said she, "I have no faith in your medicines, and only try it because it can do no harm and because everything else has been tried. We have already paid too much to doctors." I assured her that it was not a question of remuneration, and that I had no doubt she had paid all she could well afford, and the old-school physicians having received that, there was nothing left for the homœopath but the treatment and probable cure of the case. This, however, I did not mind, as it was by no means my first experience; besides, we did not give as much medicine and did not require as much pay as our old-school brethren; then, too, we practiced for the love of the profession, and because we had been called by Providence, and in these found a large bulk of our reward. After

this little speech the lady did not seem inclined to let me have the case. She seemed to entertain some doubts as to my seriousness in referring to Divine Providence and the love of my profession, but I reassured her, and after calming her suspicions and assuring myself that there were at the time no old-school physicians on her pay rolls, I promised to call that evening, as the child, among other things, suffered from frequent and alarming epistaxis, a recent attack of which had weakened her to such an extent that she was at the time unable to sit up in bed, and fainted from sheer weakness upon the least noise or excitement. In fact, the family feared she would die if another attack intervened before she had reacted, for which fears there was, indeed, abundant ground, as I discovered when I saw the patient. Calling at the house that evening, I found the child much changed, even from the weak, cachectic condition in which I had previously known her. Her face was blue with hectic spots about the size of a half dollar on each cheek; the eyes were sunken and expressionless; color was absent from lips and gums; hair and skin were dry and harsh. Respirations were quick and feeble; pulse was almost imperceptible; feet were cold, hands tremulous and nails blue. Inquiry into the history of the case developed the fact that the child five years before had suffered from a severe attack of pleurisy, with the departure of which bleeding at the nose had set in and continued at longer or shorter intervals, but increasing in frequency and amount up to the date of my visit. Suspecting polypi or other local causes, I examined the nasal passages without discovering anything abnormal. The child, in the interval of the five years succeeding the attack of pleurisy, had from time to time suffered with violent attacks of diarrhoea, dyspepsia, palpitation, "biliousness," and, at one time, cystitis and incontinence. The palpitation was an almost constant symptom. Digestion had been much interfered with, and there was much nausea and vomiting during the morning hours, with marked vertigo. Stools undigested and painless. Upon examination, I found the chest contracted, shoulders stooping,

little or no expansion in upper part of thorax in respiration (possibly due to pleuritic adhesions). Liver was enlarged and tender throughout. Tenderness over the region of bladder and abdomen. Heart very irregular and weak—seemed to beat wildly until exhausted, and would then cease for a moment, commencing slowly at first, but increasing in rapidity with each beat; but the sounds, so far as I could learn, were pure. This, in brief, was the condition of my patient. Due to the great exhaustion from loss of blood and upon general principles, I gave China (tinct. in water every hour), expecting the next day to find occasion to change the drug, but the improvement the next morning was so marked as to be evident to all who saw her, hence I continued it, but in a higher attenuation. Each day for five days I increased the attenuation until the 30th was reached (given every two hours) and then medication was stopped. In one week from the time of my first visit I had the pleasure of taking my patient on a little excursion to the country. About the tenth day I found on examination that the liver was still enlarged and tender, and as the stools were large and dark and the vertigo still continuing, I gave Bry 3x, three times daily, for four or five days and stopped again, when Nature stepped in and completed the cure. When examined three months later all tenderness of the liver was found to have disappeared, the heart beat clearly and regularly, appetite was good, bowels regular, vertigo much less, liver normal in size, whilst the weight of the patient had increased sixteen pounds. The epistaxis up to this time has not returned. Will some one suggest a diagnosis? I might say here that the entire family have altered their opinions of homœopathy, and even offered to pay for my services, which, *of course*, I modestly refused.

CECIL.

NEW YORK, DEC. 1, 1886.

An Epidemic of Insanity.

A DOCTOR from a town in Massachusetts (7,000 inhabitants) writes to us:

"Insanity seems to be having a run here just

now. About a week ago Mrs. — began to be cranky and for a few days was badly "off." Then her sister, who was very weak from hemorrhage, began to worry about her, and finally became unbalanced herself, and has been inspired to preach the past two days. Yesterday I was called to examine a woman from the town farm who has become crazy and had to be taken to the asylum, and this morning I was called to examine a man from New York State who also had to go to Northampton."

(FOR THE CHIRONIAN.)

Our Faculty.

H. W. PAIGE, M.D.

TO the boys at the college 't was Allen that said:
"Get Materia Medica well in your head;
In this you will find the most practical chair,
And the branch which will soon bring your patients out square."

Then Helmuth stepped out from his place in the line,
Spoke he thus to the students: "The best chair is mine,
For what would you do with a bone out of place
If you had fifty drugs that would cover the case?"

When Helmuth was done and quiet restored,
A doctor named Smith the others near floored;
He first told a story, then spoke out right free:
"While you talk of importance, what's the matter with me?"

For what could you do with your drugs or your knife
Without first the theory, then the practice of life?
And if a case you should have where drugs do not tell,
Just *quill her* at once and she 'll turn out quite well."

Doctor Dowling percusses the walls of the chest,
And Leal takes delight in a chemical test;
The "dry" muscles and bones to Doughty belong,
Together with "gentlemen" when they've "gone wrong";
'T is while as an embryo striving to live
That we're shaken by Danforth in lecturing sieve;
He talks about follicles, ovum, the like,
It's a wonder the foetus don't go on a strike.

Ophthalmia and iritis with Liebold are cured,
Misplacements and such by McDonald insured;
R. H. Lyon, Esq., once a week without flaw,
Gives us the rules to keep straight with the law;
Moffat he scatters the symptoms like rain,
For Talcott to use on his troublesome brain;
Deschere in the little ones takes much delight,
While on kidney diseases 't is Dillow throws light.

"It's otalgia," says Houghton, but what's in a name,
Call it darnation earache, the pain's just the same;
Here comes a small man, with a name long as sin,
Arcularius it is—a professional *skin*;
Doctors Beyea and Blackman, McDowell and White,
With Cornell and Wilcox will Beebe all Wright;
Dowling, junior, and Shelton also stand in the row,
With the glorified faculty we're all proud to know.

Now that we've nearly all the "names on our list,"
Try and select those who "would not be missed."
Each feels his own chair most important of all,
And I think they're just right, for I cannot recall
The name of a subject which does not add weight
To the course which is given, so, ere it's too late,
Tend *all* of the lectures which the faculty give,
'T will be to your profit as long as you live.

The Conditions of Neurasthenia.

MR. DE BERDT HOVELL has been repeating at Brighton his well-known views on the subject of hysteria. They are to be carefully received as those of a shrewd practitioner of long practice and large experience. He strongly protests against the whole hypothesis of *hysteria*. He thinks the theory that localizes the disease is the mere survival of medical demonology, which located ill-humor in the spleen, blue-devils in the liver, and the soul in the pineal gland. He claims for hysterical patients more fairness of treatment and more discrimination. He attributes many of the cases to shocks, physical or moral, leading to deficient or depressed nerve-power, with all that this implies in the way of pain, irritability, inability for locomotion, etc. Mr. Hovell admits that the cases are difficult to cure; but he maintains that if we are to deal with them effectually we must "set aside all consideration of the organs of reproduction, which most probably are not concerned, and transfer our attention to the moral nature." Mr. Hovell gives several cases in which there was a distinct history of shock or exhaustive work to explain the break down in the nervous system. We live in days when the nervous system is getting its full share of attention from pathologists and physicians, and even gynæcologists are finding out that the uterus, and even its appendages, which are now blamed by some for everything,

are not such culprits as has been supposed. Mr. Hovell will admit that the cases of so-called hysteria do occur chiefly, though by no means exclusively, in women. In their organization there is *something* specially favoring the occurrence of this state of disease. It may not be in the special organs of the female so much as in the special organization of the nervous system. Mr. Hovell deserves much credit for insisting on this point, and he may well be satisfied to know that the drift of opinion among physicians is towards the acceptance of his views. Women are more finely strung than men. They are more liable to pain or pains of all sorts from mere functional causes. Such a constitution is perplexing to the physician, but it has to be considered, and not treated as a sort of crime, as has too often been the case.—*Lancet*.

The Century for 1886-87.

THE CENTURY is an illustrated monthly magazine, having a regular circulation of about two hundred thousand copies, often reaching and sometimes exceeding two hundred and twenty-five thousand. Chief among its many attractions for the coming year is a serial which has been in active preparation for sixteen years. It is a history of our own country in its most critical time, as set forth in

THE LIFE OF LINCOLN,

BY HIS CONFIDENTIAL SECRETARIES, JOHN G. NICOLAY AND COL. JOHN HAY.

This great work, begun with the sanction of President Lincoln, and continued under the authority of his son, the Hon. Robert T. Lincoln, is the only full and authoritative record of the life of Abraham Lincoln. Its authors were friends of Lincoln before his presidency; they were most intimately associated with him as private secretaries throughout his term of office, and to them were transferred upon Lincoln's death all his private papers. Here will be told the inside history of the civil war and of President Lincoln's administration,—important details of which have hitherto remained unrevealed, that they might first appear in this authentic history. By reason of the publication of this work,

THE WAR SERIES,

which has been followed with unflagging interest by a great audience, will occupy less space during the coming year. Gettysburg will be described by Gen. Hunt (Chief of the Union Artillery), Gen. Longstreet, Gen. E. M. Law, and others; Chickamauga, by Gen. D. H. Hill; Sherman's March to the Sea, by Generals Howard and Slocum. Generals Q. A. Gillmore, Wm. F. Smith, John Gibbon, Horace Porter, and John S. Mosby will describe special battles and incidents. Stories of naval engagements, prison life, etc., etc., will appear.

NOVELS AND STORIES.

"The Hundredth Man," a novel by Frank R. Stockton, author of "The Lady, or the Tiger?" etc., begins in November. Two novelettes by George W. Cable, stories by Mary Hallock Foote, "Uncle Remus," Julian Hawthorne, Edward Eggleston, and other prominent American authors will be printed during the year.

SPECIAL FEATURES

(with illustrations) include a series of articles on affairs in Russia and Siberia, by George Kennan, author of "Tent Life in Siberia," who has just returned from a most eventful visit to Siberian prisons; papers on the Food Question, with reference to its bearing on the Labor Problem; English Cathedrals; Dr. Eggleston's Religious Life in the American Colonies; Men and Women of Queen Anne's Reign, by Mrs. Oliphant; Clairvoyance, Spiritualism, Astrology, etc., by the Rev. J. M. Buckley, D.D., editor of the *Christian Advocate*; astronomical papers; articles throwing light on Bible history, etc.

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Can you afford to be without the Century?

THE CENTURY CO., NEW YORK.

Measles During Vaccination.

BY A. K. CHALMERS, M.B.

IT seldom happens that the date of exposure to the contagion of measles can be fixed so accurately as in the following series of cases:

On April 20th, B —, a child, two months old, was vaccinated, and on that day week had two well-developed vesicles. It seemed in perfect health, and three children were vaccinated from it by the direct method. On the following day, after a few hours' fretting, a measles rash appeared and followed a normal course. There were no distinctive premonitory symptoms, and the course of the vaccine vesicles was not affected by the measles. Of the three children vaccinated from this infant, one, F., five months old, developed a typical measles eruption on the afternoon of the eighth day of vaccination (May 4th). No stage of premonitory symptoms, and course of vaccine vesicles unaltered. Another of the three, H., five months old, had some lacrymation on May 4th (one week after vaccination), was restless and sneezing during the following day, and on May 6th presented a blotchy and ill-developed rash of measles on the trunk and limbs. The vaccine areola here was of considerable size and hardness. The third child (S.) displayed a papular eruption (vaccine lichen) in the second week, but no measles, and may now (three weeks after exposure) be assumed to have escaped the infection. In connection with the child H., another case arose in an infant of a few days. This patient, the child of a neighbor, was born on April 6th. On May 26th it vomited, and on the 7th was completely covered with a typical rash of measles, which followed the course of a normal one in older children. From May 2d a hoarse "measly" cough was present. When the child first mentioned developed measles, it became of importance to watch the probable inception of the disease in the others. They were children of families living widely apart, and only brought in contact for vaccination. The vacciner, as afterwards appeared, was then in the preëruptive stage of measles, but no

catarrhal symptoms had developed. What part, if any, would the lymph play? Could it act as carrier of poison from a source which had given no indication of being contaminated? If the children vaccinated from this one became infected, how had the contagion reached them.

The fourth case related, in the child of eleven days, suggests, if it does not determine, the manner of infection. The rash here followed, within twenty-four hours, its appearance on the neighbor's child (H.); and unless the incubation period of measles can be reduced to a vanishing point, these two cases have only an accidental relationship. Indeed, this youngest child seems to come within the primary circle of infection, and to have derived its infection indirectly from the source which affected the children F. and H. How far, however, the first case may be held as causing the others is uncertain. We recognize the preëruptive stage of measles as probably the most infectious, but catarrhal symptoms have been held necessary to fix the beginning of the infective period. This child had no such stage; the eruption was amongst the earliest symptoms. The other children of its family went through an epidemic of measles about six months before. In the interval they removed from the house they then occupied, but carried the contagion with them. A passing depression of the child's system, consequent on vaccination, supplies the necessary fuel, and the poison awakens to fresh activity. But unless we regard the clothing of this child or its mother as containing the contagion which infected two of the children vaccinated from it, and by transmission, in the clothing of the child H. or its mother, reached the newly-born infant, we must accept an infective period, preceding the eruption of measles, which is non-catarrhal, and has no symptoms by which it can be recognized. The child which escaped infection is probably an example of the possibility of pure cultivation of vaccine virus in an infected medium.—*Lancet*.

M. BOUCHARD has induced cataract in rabbits by the use of naphthaline.

Note on a Rare Dislocation of the Elbow Joint.

BY C. GEORGE BATTISCOMBE, C.B., C.M. ABER.

ON April 9th I was called to see a gentleman who had met with an accident while hunting. I found him lying in a field, and was told that his horse, after jumping a fence with a long drop, had fallen over backwards upon his right arm and leg. He complained of great pain in the elbow joint on the slightest movement. It was very much altered in shape, and evidently severely injured. I secured the arm in a sling, and had him removed to the Cottage Hospital (Chislehurst, Sidcup, and Cray Valley), which was close by.

On his arrival at the hospital I examined the arm, and found it in the following condition: The forearm was fixed at rather more than a right angle to the arm; all power of natural movement of the elbow joint was lost; and any attempt at forcible movement caused great pain. The hand was partially pronated, but on turning it pronation and supination could be readily performed. The elbow joint appeared too wide from within outwards and from before backwards; it presented two prominences below, inner and outer, and one above the latter, which projected backwards and was continuous with the forearm. The inner angle of the joint was too high, so that the arm appeared to be shortened. There being no amount of swelling, the following points could be clearly made out. The ulna and olecranon were missing from their natural position in relation to the humerus, the two condyles of which could be distinctly felt with the notch between them. The ulna and olecranon were resting fully half an inch above the external condyle of the humerus, the elbow projecting about an inch beyond the latter. The radius could be felt above with its head resting against the outer border of the humerus. It was not separated from the ulna, and rotated readily on pronating and supinating the hand.

I put the patient under chloroform, and carefully examined for any fracture. I could find none whatever, and concluded that it was a case

of complete dislocation outwards of both bones of forearm. I then proceeded to reduce the dislocation. Grasping the forearm with one hand, and the elbow with the finger of the other, I pulled it steadily downwards, endeavoring to get the olecranon over the external condyle. It took some minutes to do this, and required a good deal of force. Then, holding the olecranon below the condyle with the left hand, I seized the forearm lower down and used it as a lever, and while forcibly extending the forearm I rotated it outwards. On continuing the extension, the olecranon suddenly slipped into its natural position. The joint immediately answered to all its proper movements, but when left alone tended slightly to return. I fixed it at a right angle on a posterior angular splint.

When I called in the evening the patient was free from pain, and complained only of a feeling of numbness in the arm and hand of the injured side. The next morning when I arrived at the hospital, he had gone home; but I ascertained that beyond the numbness and a little swelling, he was very comfortable. A week afterwards he was doing well, could move the joint pretty freely, and was free from pain.

Complete lateral dislocation of both the bones of the forearm is, I believe, extremely rare. I have seen no description of it, though it is mentioned in several surgical works.—*Lancet*.

Excision of the Hip Joint.

DR. H. H. VINKE, after reviewing the statistics of this subject, in the light of anti-septic surgery and the recent discoveries concerning the essential cause of tuberculosis, gives the following reasons which might be urged in favor of early excision of the hip joint in the coxitis of children:

1. The mortality of early operations is almost *nihil*; the death rate increases *pari passu*, with the extension and duration of the disease.
2. Early resection arrests the course of the coxitis, and effects a more rapid cure than the rest and mechanical treatment.
3. The results, as regards the usefulness of the

extremity, are better after early excision than after the expectant plan of treatment.

4. There is reason to suppose that early operative interference may prevent general tubercular dissemination.
5. The time most suitable for excision has arrived when suppuration exists and persists in spite of rest, mechanical and hygienic treatment; when fever exists, which may be explained by the presence of fetid pus; as soon as the general health of the patient begins to fail.—*Ex.*

WE quote below from the last annual report, recently issued, of the Ophthalmic Hospital (homœopathic) of this city, showing a steady increase in the number of patients from year to year since its establishment, thirty-five years ago, until the figures have crept up to about one thousand monthly. This is enormous when we stop to consider that a very large per cent. of these patients were treated surgically.

Number of patients for 1886,	. 11,207
Prescriptions issued, 1886, .	. 53,747
Resident patients admitted, 1886, .	. 275
Average daily attendance, 1886, .	. 176

An idea of the gradual increase of patients may be had from the following table: In 1852, 830; 1857, 973; 1862, 1,057; 1867, 1,226; 1872, 1,683; 1877, 5,111; 1882, 8,942; 1886, 11,207.

This is the only institution of the kind under homœopathic government in the United States, and the above figures amply demonstrate the amount of good being accomplished and the relief afforded yearly to the suffering public of New York City. The college connected with the hospital is also in a very flourishing condition, and sends out yearly its quota of graduates who take their places in the ranks of the first surgeons (O. et A. Chir.) of the day.

College Notes.

LO! the poor turkey!
 Who stole the hat?
 CHRISTMAS is coming.

GROUP pictures—chestnuts.

HAVE you written your thesis?

WHO cut your hair, Mandeville?

WHAT makes the squirrel run up the tree?
 Chestnuts.

WHO is the Senior on the front row with the invisible moustache?

THE students remembered Frank on Thanksgiving Day by presenting him with a turkey.

PROFESSOR: What is a cold abscess?

Student: One in which the parts surrounding it are damp. (Collapse of the professor.)

THE æsthetic young women of New Haven, it is said, carry parasols at night to shade themselves from the electric lights. Is that so, Smith?

PROFESSOR: What would you do in a case of ammonia poisoning?

Student: Give a mild aperient to promote vomiting.

WHAT with the death of Professor Liebold, the sickness of Professors Moffat and Wilcox, and the accident to Professor Smith, the college was not very lively last week.

It is rumored that one of the Freshmen is going to write a book entitled "What I Know About Anatomy." It is safe to assert that the volume will not be a quarto.

PROFESSOR BLACKMAN's quizzes are much enjoyed. The genial Professor casually remarked one Friday that he would meet us the next Tuesday afternoon on the base of the skull.

THE boys came up bright and cheerful after the Thanksgiving feasts at home. A New York boarding-house does not compare with home dinners and the smiling faces of home friends.

SUBSCRIPTIONS for THE CHIRONIAN are coming in finely, and yet there is no lack of copies. Every man in college ought to take the paper and be proud of it. The number of medical colleges which support a college paper is very limited.

NEW students are still coming in. One of the recent arrivals is Mr. Whaley, who graduated at Williston Seminary, Easthampton, last year. Remember that *The Willistonian* is one of our

exchanges and the usefulness of THE CHIRONIAN to the college will at once be seen.

Death.

IT is with profound sorrow and regret that we are called upon to announce the death of Prof. Carl Theodore Liebold. Prof. Liebold for a long term of years has ably filled the chair of Ophthalmology in the college department, and has been a leading surgeon in the Ophthalmic Hospital. His eminent learning, as well as the genial smile with which he always met his classes and the public, had endeared him to both students and patients, and quite a void has been created by his death. His funeral took place from the Ophthalmic Hospital building, the scene of his former labors, on Thursday last, the large reception-rooms being crowded to their utmost capacity with loving and bereaved friends, who had come to pay their last respects to a benefactor and friend. Among the audience could be seen many persons who remembered Prof. Liebold only in the light of a kind father who had befriended and consoled them in the dark hours of need. A quartette made up of students of his former class sang, in a very creditable manner, the funeral hymns.

[Carl Theodore Liebold was born in Heidersdorf, in Schlesien, Germany, fifty-seven years ago. He left Germany for the United States in 1859 and came to New York. In 1861 he became an army surgeon in the war of the Rebellion and served until its close, returning to New York in company with Prof. T. F. Allen. These gentlemen, in company with Drs. Wetmore and Bacon, entered the Ophthalmic Hospital, then located at Fourth avenue and Twenty-eighth street, with which institution Prof. Liebold was identified until the time of his death.]

AT a meeting of the Class of '87, the following resolutions were unanimously adopted:

Whereas, The great Ruler of the universe has, in His infinite wisdom and love, removed from our midst by death our worthy and esteemed instructor,

C. TH. LIEBOLD, M.D.,

and

Whereas, The intimate relations existing during this term between the deceased and the members of this class make it fitting that we record our appreciation of him; therefore be it

Resolved, That the wisdom and ability he has exercised in the advancement of ophthalmology in our college will be held in grateful remembrance by us; be it also

Resolved, That the sudden removal of so eminent a man from our college, in which he has been a prominent instructor for the past fifteen years, leaves a vacancy and shadow which will be deeply felt by all, and will prove a grievous loss to us and the public; be it further

Resolved, That it is with the deepest sympathy we express our hope with the friends of the deceased that even so great a bereavement may be alleviated by the knowledge that by his works his name will be perpetuated.

CHAS. F. SNYDER,	} <i>Committee.</i>
JOHN J. RUSSELL,	
SAML. I. JACOBUS,	

Exchanges.

WE have received the following exchanges: "New England Medical Gazette," "The Hahnemannian Monthly," "Atlanta Medical and Surgical Journal," "The Targum," "La Reforma Medica," "The Dartmouth," "The Crescent," "The Cadet," "Medical Counselor," "Minnesota Medical Monthly," "The Medical Era," "Latin School Register," "The Argosy," "The Willistonian," "The Homœopathic Recorder," "American Homœopathist," "Swarthmore Phoenix," "College Mercury," "The Periscope," "Fisk Herald," "Arms Student," "New York Medical Monthly," "The Medical Current," "The Polyclinic," "Physicians' and Surgeons' Investigator," "The Academician," "University Cynic," "The Portfolio," "Academy Student," "Albany Medical Annals," "Scientific American," "The Signal," "Hamilton College Monthly," "Philosophian Review," "The Concordiensis," "Student Life," "College Journal."